

## PLACE OF BIRTH

1. County of Gila  
 District of Globe  
 Town of Globe  
 or  
 City of Globe

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

State Index No. 128

## ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 244No. Gila County Hosp- St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Mercedes Cabral

3. Sex of Child ☐ Male ☐ Female ☐ To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth 12-19-27  
 Month Day Year

8. FATHER  
 Full name Lorenzo Cabral

14. MOTHER  
 Full maiden name Frances Rivera

9. Residence (Usual place of abode)  
 If non-resident, give place and state. Globe, Ariz

15. Residence (Usual place of abode)  
 If non-resident, give place and state. Globe

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 23 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Sonora Mex  
 (State or country)

18. Birthplace (city or place) Globe, Ariz  
 (State or country)

13. Occupation  
 Nature of Industry laborer

19. Occupation  
 Nature of Industry House-wif

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. m. on the date above stated  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)  
 Address Box 636, Globe Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Filed 12/31, 1927 H. H. Horst  
 Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

1438-1219-631